## NEVADA DIVISION OF STATE PARKS FIREARMS QUALIFICATION & CERTIFICATION

1. DATE 2. N		2. NAME	NAME			3. BADGE NO.		
4 POSITION TITLE				E DECIONIDADIA				
4. POSITION TITLE				5. REGION/PARK				
6. HANDGUN #1				7. HANDGUN #2				
6a. MAKE		6b. MODEL			7a. MAKE 7b. MODEL			
6c. CAL	6d. SERIAL NO.		6e. BBL	7c. CAL	7d. SERIAL NO.		7e. BBL	
6f. 🗆 PE	RSONAL	□ ISSUED		7f. □ PEF	RSONAL 🗆	ISSUED		
6g. SCORE		6h. COURSE FIRED			7g. SCORE		7h. COURSE FIRED	
8. HANDGUN #3				9. SPECIALIZED TRAINING				
8a. MAKE		8b. MODEL		9a. LECTURE				
8c. CAL	8d. SERIAL NO.		8e. BBL	_				
E DEDCOMM E 10011ED				9b. RANGE				
8f. D PERSONAL D ISSUED  8g. SCORE 8h. COURSE FIRED								
10. SUPPORT WEAPONS	10a. MAKE	10b. MODEL	10c. CAL	10d. SERIAL NO.		10e. SCORE	10f. COURSE	
SHOTGUN								
RIFLE								
CERTIFICATION								
I certify that the above employee $\Box$ is $\Box$ is not qualified in all respects to properly handle, care for, and use a firearm in the performance of official duties.								
Leartify that the above described firearms. Eleare Eleare not somiceable								
I certify that the above described firearms □ are □ are not serviceable.								
I certify that the holster and accessories assigned to the above employee □ are □ are not serviceable.								
11. SIGNATURE OF FIREARMS TRAINING OFFICER				12. DATE				
13. REMARKS								